LYME DISEASE AND LYME VACCINE DISEASE
An Update On The Prevalence And Risk

By Patricia Jordan DVM

The media assures us that Lyme disease is on the rise and vets are urging us to vaccinate our pets against it. But a look at the real risk of Lyme disease, and that of Lyme disease vaccination, might make pet owners think twice before believing the hype.
How do they determine whether the incidence of Lyme disease is rising or not?

If you look at the maps of Lyme disease that are included in the pharmaceutical company’s marketing tool for Lyme vaccines, you are led to a webpage of the Companion Animal Parasite Council (capcvet.org/parasite-prevalence-maps). This data was provided by IDEXX laboratories, maker of the SNAP test for Lyme disease, and ANTECH Diagnostics. The problem with relying on these reports is that both these screening tests can result in false positives for Lyme disease because they can detect antibodies produced in response to a vaccine, or related to other tick-borne diseases, so the results are often unreliable.

The “rise” isn’t an accurate picture of what is really happening with Lyme disease because it is not calculated using a test that measures Borrelia burgdorferi C-6 peptide antibodies. B. burgdorferi is the spirochete bacterium that causes Lyme disease, usually transmitted to dogs by a bite from an infected black-legged (deer) tick. Unless the test can recognize the C-6 peptide of B. burgdorferi, you simply don’t have the specificity you need to accurately measure the incidence of the disease.

The vaccine marketing material also cautions that these maps only show 30 per cent of the activity in the geographic regions. Despite this assertion, the data is actually skewed in the direction of over-reporting because, again, the screening tests used are not specific for definitive Lyme disease. Also, most of the dogs with Lyme positive screening tests are asymptomatic; some are not infected at all but test positive on the screening test because of vaccination or related bacteria exposure.

For humans, the CDC’s Lyme disease page states that in 2012, 95 per cent of Lyme disease cases occurred in only 13 states in the Northeast and the upper Midwest of the country. The page describes Lyme disease as the most commonly reported vector borne illness in the US in 2012. They also report Lyme as the seventh most common “nationally notifiable” disease, despite it not being a nationwide disease, with most cases concentrated in the areas mentioned above.

How are statistics about Lyme disease cases in people collected? There are many impediments to surveying Lyme disease in people. As we learn, it is not at all an easy disease to diagnose.

Example: North Carolina

Dr Edward Breitschwerdt of North Carolina State University’s College of Veterinary Medicine is a well known expert on tick disease. He confirms that to date, North Carolina has never confirmed a C-6 SNAP positive test in a dog indigenous to that state (Duncan et al, The dog as a sentinel for human infection prevalence of B. burgdorferi C-6 antibodies in dogs from southeast and midatlantic states. Vector Borne Zoonotic Disease, 2004).

The CDC map shows a smattering of human cases of Lyme disease in North Carolina despite the lack of definitive cases of Lyme in NC dogs. But are these cases true positives?

As with dogs, for humans there is a screening test that is an enzyme-linked immunosorbent assay (ELISA) test. However, like the SNAP test in dogs, this test lacks specificity and can produce false positive results. Diagnosis is often made based on the presence of the hallmark rash that looks like a bulls-eye, which is deemed distinctive enough to confirm a Lyme diagnosis. In other cases needing confirmation, a Western blot test, which detects antibodies to several proteins of B. burgdorferi may also be done. Polymerase chain reaction (PCR) tests are very sensitive in detecting bacterial DNA in fluid drawn from an infected joint, and may be used for people with chronic Lyme arthritis or nervous system symptoms, but are not commonly used. In people, the C-6 peptide test is considered “experimental.”

Confusing diagnosis even further, there are several other diseases in humans that mimic Lyme disease: MCS (multiple chemical sensitivity), MS (multiple sclerosis) and mold toxicity, just to name a few. Furthermore, 23 of the 25 symptoms of mercury metal poisoning are the same as symptoms of Lyme disease!

Either the prick or the tick can potentially result in disease.
As you can see, the methods used to confirm Lyme disease cases are inconsistent and vary from state to state, so it is a difficult task to confirm true positive cases and to interpret even the CDC’s data for surveillance of the disease, due to the potential for false positives.

Should we really be relying on these data to claim that Lyme disease is on the rise?

Why There Is No Human Lyme Vaccine

In the early 1990’s, a Lyme vaccine was developed for humans. In 1998, the FDA approved a vaccine manufactured by Smith-KlineBeecham, now GlaxoSmithKline (GSK), named “LYMErix”. A mere four years later, the company pulled LYMErix from the market citing low demand. The protection from the vaccine was said to be “not long lasting.” This was almost certainly not the true reason for the vaccine being withdrawn, however.

The LYMErix vaccine used the recombinant B. burgdorferi surface protein OspA as the immugen. It is now thought that the OspA vaccine might result in autoimmunity in certain genetically predisposed individuals. In prelicensing studies with LYMErix vaccine, there were so many adverse events associated with it that the FDA called for additional studies to be completed by GSK. The vaccine was released with the promise of further studies, which were never performed. The high number of adverse events associated with this vaccine - including four deaths and one suicide - resulted in a call for congressional hearings on the vaccine. There was also a great deal of media coverage of the adverse events and lack of efficacy.

Karen Vanderhoof-Forschner founded the Lyme Disease Foundation in 1988 after her son was diagnosed with congenital Lyme disease, from which he died in 1991. She was supportive of Lyme vaccine development, which she hoped would protect other children from the disease. In her extended comments to the FDA in the hearing of the Vaccine and Related Biological Products Advisory Committee in November of 2001, she stated “I believe that the OspA-Vaccine represents an imminent and substantial hazard to the public health, and needs to be immediately recalled. I believe that the vaccine process has been seriously flawed. Information has been withheld from the vaccine advisory committee, and possibly the FDA, and that experts that could have helped provide information were never invited to participate, enough to compromise all of the trial data, and even to cast doubts on the integrity of the investigators.”

She went on to say: “As you know, the vaccine works by your immunized blood going into the tick. If you read the study which I have presented in the packet, it takes the tick four days of feeding and 10 days of sitting before the bacteria is eliminated in the tick. It takes two to three days to transmit the disease to you. So the method of action that is publicized and in the package insert by the own publication that it references, doesn’t work.”

Ms Vanderhoof-Forschner concluded her comments by recommending not only immediate recall of the vaccine, but also strongly urging the FCA and Vaccine Advisory Committee to “never ever let a pharmaceutical get away with promising studies tomorrow for an approval today.” This is most likely the reason GSK agreed to take the vaccine off the market in 2002. A second Lyme vaccine that was in development was never released.
Media mogul Mortimer Zuckerman, who is well known for advancing vaccine development, financed the American Lyme Disease Foundation that heavily promoted the LYMErix vaccine. There is a very long list of adverse events associated with the human Lyme vaccine during the short time it was used. Vaccine Adverse Events Records Systems (VAERS) lists them as arthralgia, myalgia, pain arthritis, arthrosis, rheumatoid arthritis, facial paralysis, hypersensitivity reactions, thrombocytopenia, anemia, kidney compromise, heart disease and even some deaths—and one suicide. The CDC reported that all of the above adverse events were already found in clinical trials prior to vaccine licensing. Not surprisingly, almost every single adverse event is also a symptom of Lyme disease.

So why are there Lyme Vaccines for Dogs?

Despite this experience with the human Lyme vaccine, there are several Lyme vaccines for dogs on the market and they are just as risky for dogs as they proved to be for humans.

Can a vaccine be worse than the disease itself? In this case, yes. The engagement of the provocative OspA antigen, whether in the vaccines or in the bacteria, can both result in disease. Either the prick or the tick can potentially result in disease.

There are cases of Lyme vaccinations given, the dog subsequently dying from Lyme nephritis (kidney disease) but no infective bacteria being retrieved. Why is this? It is caused by the action of the immune system itself: the immune cells, reacting to the provocative antigens in the Lyme vaccines, are capable of causing the pathology of Lyme disease. This makes getting the vaccine more dangerous than getting the disease.

There is no justification for taking this serious vaccination risk with our dogs. Overall, the proportion of infected dogs that develop clinical disease is far smaller than that of humans. Dogs who become naturally infected with Lyme disease, in most cases, simply remain asymptomatic or experience minimal transient lameness. It is reported that dogs that are infected by more than one bacterium, for instance with Anaplasmosis as well as Lyme, are more likely to have symptoms. When Lyme disease is confirmed in dogs, most respond well to treatment.

A very clever herbalist friend of mine realized that only individuals who are very toxic in the first place, with poor lymphatic system functioning, seem to fit the profile of Lyme disease cases. This makes sense when I rethink my findings that the so called “co-infections” of these cases also have a suppressed Th 1 or cell mediated immunity - suppression which results from vaccinations in the first place. The suppressed Th 1 arm of the immune system allows these co-infections to exist. Vaccinations not only increase metal poisoning with every jab, they also suppress the important primal immune system that we rely on to fend off bacteria, viruses, fungus, yeast, internal and external parasites, and blood parasites like Leptospirosis and Borrelia.

Recent Media Coverage

Now let’s see what the major media is saying currently about Lyme disease. A National Geographic article (“What Is Lyme Disease? New Findings Deepen the Mystery,” by Jarrett Liotta) published in February 2014 questions not only what diagnostics
actually constitute true “Lyme Disease” cases, but also how to treat the disease. Daniel Cameron, president of the International Lyme and Associated Diseases Society, is quoted extensively in the article. He challenges the CDC’s latest announcement that the number of Lyme cases may be ten times higher that the number reported each year. There is even a suggestion that the CDC is participating in a campaign to usher in a new vaccine. Cameron says “the buzz on the street” is that one reason the CDC recognized more cases is that to get a vaccine through the pipeline, you have to have a problem disease in the first place.

NBC News drives up support for a vaccine by counting out three deaths in five years from Lyme carditis and makes a play of needing a vaccine to prevent Lyme in tissue donors, in case you are going to donate your heart! Now remember there were four deaths and one suicide from the LYMErix Vaccine, just in the prelicensing trials. How thick does one have to be not to see how terrible this is?

Finally, a September 2013 article in the New York Times titled “Bring back the Lyme Vaccine” by Stanley Plotkin, seals the deal. Stanley Plotkin is a renowned vaccinologist, physician advisor at pharmaceutical giant Sanofi Pasteur; he played a pivotal role in developing the rubella vaccine at Wistar Vaccine Institute and co-authored with Dr Paul Offit and Walter Orenstein Vaccines: Expert Consult (known as the “Bible for Vaccinologists”). Plotkin openly states in his article that he is a consultant to most of the major vaccine manufacturers, while at the same time claiming to have no financial interest in the development of a Lyme vaccine.

Plotkin gives you even more misinformation than the marketing material by the vaccine manufacturing company. He reports that the LYMErix vaccine was recalled due to plummeting sales, when the likelihood is that, as described above, it was the high level of adverse events that caused its withdrawal. Plotkin, like Offit, is a physician but not an immunologist. These “experts” are essentially marketing the jabs for Big Pharma. The same thing occurs in veterinary medicine where “markets are made for vaccines.” The Lyme dilemma is the same as with Leptospirosis—the vaccine is often far worse than the disease itself.

If you read Stanley Plotkin’s New York Times article, be sure to read the comments below. One important one that stands out is a woman that asks the question “I have had Lyme disease with the bulls eye rash four times. So what makes us think that a vaccine will immunize us if having the disease over and over again does not?” This is not a disease where a vaccine can be effective in the first place. Like the Lepto vaccine, this Lyme vaccine is all risk and no benefit; there is a high chance of severe adverse events, such as a lifetime of untreatable arthritis pain, just for getting the jab in the first place.

The Lyme vaccine was never safe. The adverse events that occurred in people are happening to dogs every day but not recorded.

As for the CDC’s comment that there were no adverse events that were not seen during clinical trials... well, those included death.

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Nobivac calls their vaccine “a powerful weapon against Lyme disease.” Their marketing reports warn us that the incidence of Lyme disease in dogs continues to rise. The AVMA is also taking part in this marketing and declared this past April as Prevention of Lyme Disease in Dogs Month. The drug companies want veterinarians to take action and the vets are motivated to do it; they can earn a $150 Amazon gift card!